

For calendar year 1996 or
taxable year beginning _____, 19____, and ending _____, 19____.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE
Original ☐ Amended ☐
CHECK ONE
Calendar year ☐ Fiscal year ☐

Business telephone number ()	Please print or type	Name	Federal employer ID number
		Number and street	AZ withholding tax number
		City or town, state and ZIP code	AZ transaction privilege tax number

NOTE: If total income does not exceed \$25,000, this return is not required.Check box if: ☐ This is a first return ☐ Name change ☐ Address change

Information A Date Arizona operations began _____

B Date of letter granting exemption from Arizona income tax _____

C Nature of business income activity _____

D If you file an Arizona Form 99T, enter total income
from Form 99T, line 3 \$ _____E Check federal form filed: 990 ☐ 990BL ☐ Other, specify _____

Enclose copy of federal form with this return.

For DOR use only

[88]

[81]

[66]

Sources of Income	1	Gross sales or receipts from business activities	1		00	12	00
	2	Less: Cost of goods sold or of operations - <i>attach itemized statement</i>	2		00		
	3	Gross profit from business activities - <i>subtract line 2 from line 1</i>	3		00		
	4	Interest	4		00		
	5	Dividends	5		00		
	6	Rents and royalties	6		00		
	7	Gain or (loss) from sale of assets, excluding inventory items	7		00		
	8	Dues, assessments, etc., from members	8		00		
	9	Dues, assessments, etc., from affiliated organizations	9		00		
	10	Contributions, gifts, grants, etc., received	10		00		
	11	Other income - <i>attach itemized statement</i>	11		00		
	12	Total income - <i>add lines 3 through 11</i>					
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13		00	20	00
	14	Salaries and wages - <i>other than amounts included on line 2</i>	14		00		
	15	Interest	15		00		
	16	Taxes	16		00		
	17	Rent expense	17		00		
	18	Depreciation - <i>attach schedule</i>	18		00		
	19	Miscellaneous expenses - <i>attach itemized statement</i>	19		00		
	20	Total expenses - <i>add lines 13 through 19</i>					
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21			
22		Contributions, gifts, grants, etc., paid	22		00		
23		Benefit payments to or for members or their dependents:					
a.		Death, sickness, hospitalization, disability, or pension benefits	23a		00		
b.		Other benefits	23b		00		
24		Dividends and other distributions to members, shareholders, or depositors	24		00		
25		Other	25		00		
26	Total - <i>add lines 21 through 25</i>						
Disbursements from Principal for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27		00	32	00
	28	Contributions, gifts, grants, etc., paid	28		00		
	29	Benefit payments to or for members or their dependents:					
	a.	Death, sickness, hospitalization, disability, or pension benefits	29a		00		
	b.	Other benefits	29b		00		
	30	Dividends and other distributions to members, shareholders, or depositors	30		00		
	31	Other	31		00		
32	Total - <i>add lines 27 through 31</i>						
Other	33	Other disbursements not itemized above - <i>attach schedule</i>	33		00	36	00
Accumulation of Income	34	Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i>	34		00		
	35	Accumulation of income at beginning of year	35		00		
	36	Accumulation of income at end of year - <i>add lines 34 and 35</i>	36		00		
Penalty	37	Penalty for late filing or incomplete filing (\$500.00)	37		00		

THE EXEMPT ORGANIZATION IS SUBJECT TO A \$500 PENALTY IF THIS RETURN IS FILED LATE OR HAS NOT BEEN COMPLETED. ARS SECTION 42-136J

Schedule A Balance Sheet

Note: Amounts used in attached schedules and in description column should be end of year amounts.				(a) Beginning of year			(b) End of year	
Assets								
A1	Cash			00		A1		00
A2a	Accounts receivable	A2a	00			A2c		
b	Less: allowance for doubtful accounts	A2b	00	00				00
A3a	Other notes and loans receivable - <i>attach schedule</i>	A3a	00			A3c		
b	Less: allowance for doubtful accounts	A3b	00	00				00
A4	Inventories			00		A4		00
A5	Investments - securities - <i>attach schedule</i>			00		A5		00
A6	Investments - other - <i>attach schedule</i>			00		A6		00
A7a	Land, buildings, and equipment; basis	A7a	00			A7c		
b	Less: accumulated depreciation - <i>attach schedule</i>	A7b	00	00				00
A8	Other assets - <i>describe</i>			00		A8		00
A9	Total assets - add lines A1 through A8			00		A9		00
Liabilities								
A10	Accounts payable and accrued expenses			00		A10		00
A11	Mortgages and other notes payable - <i>attach schedule</i>			00		A11		00
A12	Other liabilities - <i>describe</i>			00		A12		00
A13	Total liabilities - add lines A10 through A12			00		A13		00
Net Assets								
A14	Capital stock or trust principal			00		A14		00
A15	Paid-in or capital surplus			00		A15		00
A16	Retained earnings or accumulated income			00		A16		00
A17	Total net assets - add lines A14 through A16			00		A17		00
A18	Total liabilities and net assets - add lines A13 and A17			00		A18		00

Certification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please
Sign here

Signature of officer

Date

Title

Paid
Preparer's
Use Only

Preparer's signature

Date

Firm's name (or preparer's, if self-employed)

Preparer's TIN

Firm's address

ZIP code